


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 250094 (0)**

1. Corporation Name  
**RAFFIELD FISHERIES, INC.**



Principal Place of Business <b>CANAL DRIVE, HIGHLAND VIEW                  POST OFFICE BOX 309                  POST ST. JOE FL 32456</b>	Mailing Address <b>CANAL DRIVE, HIGHLAND VIEW                  POST OFFICE BOX 309                  POST ST. JOE FL 32456</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

3. Date Incorporated or Qualified <b>06/09/1961</b>	
4. FEI Number <b>59-0931791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**COSTIN, CECIL G  
 221 REID AVENUE  
 PORT ST JOE FL 32456**

10. Name and Address of New Registered Agent

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>FL</b> <b>B5</b> Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFIELD, RONALD C.</b>
STREET ADDRESS	<b>302 12TH STREET</b>
CITY-ST-ZIP	<b>PORT ST JOE, FL 00000</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFIELD, CARL J.</b>
STREET ADDRESS	<b>ROUTE 3</b>
CITY-ST-ZIP	<b>PORT ST JOE, FL 00000</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFIELD, CARL E. (GENE)</b>
STREET ADDRESS	<b>21ST &amp; PALM STREETS</b>
CITY-ST-ZIP	<b>PORT ST JOE, FL 00000</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFIELD, DANNY L.</b>
STREET ADDRESS	<b>HWY 30-A, SIMMONS BAYOU</b>
CITY-ST-ZIP	<b>PORT ST JOE, FL 00000</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFIELD, WILLIAM H</b>
STREET ADDRESS	<b>ROUTE 3</b>
CITY-ST-ZIP	<b>PORT ST JOE, FL 00000</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed) or on an attachment with an address.

SIGNATURE: *Carl E. Raffield* **CARL E. RAFFIELD 03/03/98 (850) 229-8229**

CR2E034 (1097)